



MISSOURI DEPARTMENT OF REVENUE
NO FRANCHISE TAX DUE

2005
FORM
MO-NFT

**Only complete if your corporation's assets
are less than or equal to \$1,000,000.**

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER	
LAST NAME		FIRST NAME		MI	SPOUSE'S SOCIAL SECURITY NUMBER	
CITY			STATE		ZIP CODE	
Zero Franchise Tax Liability — Check this box if your CORPORATION'S assets in or apportioned to Missouri are less than or equal to \$1,000,000. <input type="checkbox"/>						
Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.						
Complete the information below. (Each corporation must complete a separate Form MO-NFT.)						
PERIOD BEGINNING		PERIOD ENDING			BALANCE SHEET DATE (MMDDYY)	
CORPORATION NAME			MITS/MO I.D. NUMBER			
CHARTER NUMBER			FEDERAL ID NUMBER			
SIGNATURE OF OFFICER					DATE SIGNED	
TITLE OF OFFICER					PHONE NUMBER	

MO 860-3013 (11-2005)

For Privacy Notice, see the instructions.



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